

Breast and Cervical Cancer Prevention and Treatment Act (BCCPTA)

New Questions and Answers

Question 1. The statute states that a woman is eligible for Medicaid under BCCPTA as long as she “requires treatment for breast or cervical cancer”. What is meant by the term “requires treatment”?

Answer 1. The term “requires treatment” relates to duration of treatment for purposes of the BCCPTA. States have the flexibility to define what constitutes “requires treatment.” States may establish reasonable limits or guidelines for determining when breast or cervical cancer treatment is completed and the person is no longer eligible for Medicaid under the BCCPTA.

Question 2. If a woman eligible under the BCCPTA provision moves to another state, must she be rescreened?

Answer 2. No. A woman who has been screened in one state’s NBCCEDP may be eligible for the Medicaid BCCPTA provision in a second state where she has applied, even if the second state has more restrictive screening criteria. For example, in instances where a woman moves from a state that has selected screening options 1, 2, and 3 (see question 7) to encompass the broadest possible screening provider base, to another state that has the most restrictive screening provider base (option 1), she would still be considered “screened under the program” and eligible for all benefits. Likewise, each state’s income and age screening criteria varies under the NBCCEDP. As long as the second state has implemented the BCCPTA eligibility provision, and the woman meets all of the BCCPTA criteria, she would be covered by Medicaid in the second state.

Question 3. What is the start date of eligibility for women covered under this provision?

Answer 3. States have discretion in defining this term. States may choose to establish the date of eligibility as the date of screening, date of diagnosis, or at some other point.